

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10565604

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		7			52						
3		/					53						
4		/		/			54						
5		/		/			55						
6		/					56						
7		/		/			57						
8		/					58						
9		/		/			59						
10		/		/			60						
11		/					61						
12		/					62						
13		/					63						
14		/		/			64						
15		/					65						
16		/		/			66						
17							67						
18							68						
19							69						
20				/			70						
21				/			71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	19	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			20				TOTAL CLAIMS						

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